

**Form 5A**

**DISABILITY ALLOWANCE APPLICATION**

*The Teachers' Pensions Act*

**Before you start make sure you have:**

1. Reviewed and referred to your Pension Estimate Sheet.
2. Read "Six Steps to Retirement — Your Guide to the T.R.A.F. Pension Plan".
3. Read and evaluated all plan descriptions.

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**Personal**

	_____	_____	
	Social Ins. No.	Birth date (d-m-y)	
<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
<input type="checkbox"/> Mr.	<input type="checkbox"/> _____		
	_____	_____	_____
	Name: Last	First	Middle
	_____	_____	_____
	Address: Street	City	Province
	_____	_____	_____
	Postal Code	Phone: Residence (____) _____ - _____	Phone: Business (____) _____ - _____

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**Marital Status**

<input type="checkbox"/> married	<input type="checkbox"/> common-law	<input type="checkbox"/> separated
<input type="checkbox"/> single	<input type="checkbox"/> divorced	<input type="checkbox"/> widowed

Spouse/Common-law partner information:

_____	_____	_____
Name: Last	First	Middle
_____	_____	
Social Ins. No.	Birth date (d-m-y)	

What day did the marriage/common-law relationship begin? \_\_\_\_\_

Were you involved in one or more marriage or common-law relationship breakups after 1983?  yes  no. If yes, list dates when those relationships began and ended:

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**Employment**

_____	_____
Name of current or last employer	Date teaching contract ended

**Form 5A** (continued)

**Plan Options**

Refer to the "Six Steps to Retirement" guide for descriptions.

If single:

- Plan A — Ordinary Life
- Plan B — 10 Year Guarantee

If married or common-law partner:

- Plan A — Ordinary Life
- Plan B — 10 Year Guarantee
- Plan C — Full to Last Survivor
- Plan D — 2/3 to Last Survivor
- Plan E — 1/2 to Last Survivor
- Plan F — 1/2 to Beneficiary
- Plan G — 2/3 to Beneficiary
- Plan H — Optional plan approved by the board

Beneficiary Information:

Name: Last	First	Middle
Street	City	Province
Postal Code	( ) - Phone: Residence	( ) - Phone: Business
		Relationship

**Integration**

- Integrate my pension:  no     yes with
- CPP and OAS     CPP only     OAS only
- Plan D members only, choose  joint life integration     single life integration

**Spouse/Common-law Partner Authorization**

I, \_\_\_\_\_, the plan member's spouse/common-law partner, sign knowing that

This section must be completed unless the applicant chooses Plan D and no integration.

- if I don't complete this section my spouse/common-law partner must select Plan D (2/3 to Last Survivor); and
- we can choose a plan which may provide more than or less than 2/3 to the last survivor or which may have no survivor benefits at all.

Spouse/Common-law partner to sign in the presence of an independent witness with the plan member not present.

Signature of Spouse / Common-law Partner	Date
Signature of Witness (other than family member)	Date

**Form 5A** (continued)

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**Plan Member Signature**

- I fully understand the Plan Option I have chosen and the effect it will have on my pension upon my death or the death of my beneficiary, if applicable.
- I understand that once my pension starts I am not permitted to change my Plan Option.
- I understand that once my pension starts I am not permitted to change my beneficiary except under Plan A or Plan B.
- I understand that my contract must be terminated before I am eligible to receive my pension.

I declare that, to the best of my knowledge, the information given in this application is true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (other than family member)

\_\_\_\_\_  
Date

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